

Dual Eligible Stakeholder Meeting
Wednesday March 21, 2012
1:00 pm – 4:00 pm
Large Conference Room
208 Hurricane Lane, Williston

Present: Present: Ron Cioffi, RAVNA; Brendan Hogan, Bailit Health; Peter Cobb, VAHHA; Nancy Eldridge, Cathedral Square; Trinka Kerr, VT Legal Aid, Julie Trottier, Cathedral Square; Sarah Russell, Burlington Housing Authority; John Barbour, CVAA; Nancy Warner, Orleans-Essex VNA; Beverly Boget, Larry Goetschius, Addison Home Health; Laura Pelosi, VHCA; Jackie Majoris, VT Legal Aid; Janet Dermody, VCIL; Dion LaShay, Consumer; Mark Larson, DVHA; Andy Bachand, KBS; Kelley Newell; Michael Benvenuto, VT Legal Aid; Michael Hartman, VCIL; Ed Upson, Clara Martin; Ron Clark, DVHA; Betsy Davis, SASH; Judy Morton, VHCA; Lisa Carpenter, DVHA; Deborah Lisi-Baker, Consultant; Susan Besio; PHPG, Bard Hill and Julie Wasserman, Duals Project
There were other “call-ins” whose names were not written down.

Review Preliminary Draft of Vermont’s Dual Eligible Demonstration proposal to CMS

The Dual Eligible Demonstration Project staff offered Stakeholders the opportunity to give oral comments today and written comments by March 26 to be included in the Duals Draft Proposal. This opportunity for comment occurs before the formal 30-day Public Comment period beginning on March 30, 2012.

Comments from today’s meeting were as follows:

There appears to be very little coordination among State agencies; interaction between consumers and state agencies does not work smoothly (e.g. Medicaid eligibility determination).

How will individual assessments of Dual Eligible participants be billed? There are many different assessments currently performed on this population. An example is the Oasis Assessment mandated by the Federal government for Home Health Agencies. Does the Duals Project want to waive these rules? Answer: Unlikely

The issue of a Medicare covered individual with a pending application for Medicaid was discussed in the context of a nursing home admission. Can this person be considered a Dual? If Medicaid eligibility is denied at a later date, who will be responsible for the cost of nursing home care once Medicare coverage had been exhausted? Answer: Such an individual is not a Dual and would not be enrolled in the Dual Demonstration Project until both Medicare and Medicaid eligibility had been confirmed.

Can a waiver be requested after the Duals Demonstration has begun? The answer is “yes”; however, CMS has to approve all waiver requests which is a time-consuming and involved process. Any changes that increase costs have to be offset by reductions elsewhere.

Hospice waiver requests made by the 2011 Vermont Legislature need to be on the Duals waiver list.

Who are the gatekeepers for the Care Coordination Provider (CCP) model? Given the requirement of a comprehensive assessment and care plan across acute and long term care systems, who will determine the extent of services an individual receives?

Are we setting up 3 systems: one for the Duals, one for Medicare only, and one for Medicaid only? This represents greater administrative costs for the providers.

There will most likely be new enhanced investments to support CCP care coordination.

Will the proposal include a section on savings? Answer: The Dual Eligible Demonstration Proposal does not need to predict savings. If Vermont were approved for this Demonstration, we would negotiate the terms of the contract with CMS. Savings would be determined through this process which involves a myriad of factors such as inflation, utilization, growth projections, etc. Reinvestments in infrastructure or services could be funded by savings, similar to the approach used for the Global Commitment Demonstration waiver.

This is the last Stakeholder meeting before Vermont submits its Dual Demonstration proposal for the 30-day Public Comment period. Please send a list of any desired waiver requests to Julie.wasserman@ahs.state.vt.us . The list should identify new costs to the system as a result of the desired waiver and where offsets can be found to balance out any increase in expenditures.